

FAYETTE COUNTY MARSHAL'S OFFICE CRIMINAL/DRIVER HISTORY CONSENT FORM



Date: _____

Case #: _____

Department: _____

Reason: _____

Purpose Code: _____(E) _____(M) _____(N) _____(W) _____(J) _____(Z)

Purpose Codes:

E-regular employment

or working with:

M-mentally disabled

N-elder care

W-w/children

J-CJ non-sworn

Z-CJ sworn

Approved

Not Approved

Dept. Discretion

*I HEREBY AUTHORIZE THE FAYETTE COUNTY MARSHAL'S OFFICE TO RECEIVE ANY CRIMINAL AND DRIVER HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA, OR ANY OTHER STATE. **PLEASE PRINT.***

FULL NAME:		DOB:	
ADDRESS:			
SSN		RACE	
		SEX	
		DRIVERS LICENSE #	
		STATE	
SIGNATURE:			
NOTARY PUBLIC SIGNATURE:		DATE:	

CRIMINAL/DRIVER HISTORY INFORMATION

Reporting Deputy:		Reviewed By:	
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